1. Committee Info	m to update information					
a. Full Name						TR.V.
II Eckler Campa	nign					c. ID Number
Bill						
	clude City, State and Zip Code)					d. Date Filed
1696 Clark Road Rutherfordton, NC	2 20120		RE	CEIVE	ED	2-8-2010
radiciforation, 140	20139					
			AP	R 2 6 201	0	e. Phone Number
						828-287-8724
2. Report Year	3. Period Start Date (mm.		l. Period E mm/dd/yy)	and Date	5. Treasurer F	Full Name
2010	02/08/10	į	04/17	7/2010	George Earl Pa	adgett
6. Type of Commi	ttee (Check One)	O Tymo	of Dansort	(-11.	1	
Candidate Cam		Municipal	of Report		only one type of rep County	port from one category)
PAC	Referendum		ganizational	State	Organizational	Referendum
Independent Evrenditure	Joint Fundraiser	1	irty-five day		Quarterly	Organizational Pre-referendum
Expenditure Legal Expense		"	in cony		Quarterly	rre-referendum
7. Type of Fund	(if applicable, check one)	Pro	e-primary		First	☐ Final
Booster Fund"		Pre	e-election	10	Second	Supplemental Final
Building Fund			e-runoff		Third	Annual
		Sei	mi-annual		Fourth	Special
Other:		lΗ	Mid Year Year End		Somi-annual Mid Year	10 Special Deposit Nove
		Fin		니님	Year End	10. Special Report Name
Number of Fund	Iraisers this Report	Spe	ecial		Final	
	One				Special	
11. Account Inform				11. Account	Information	
a. Financial Institution					stitution Full Name	
Wachovia-Rutherfo b. Purpose				N/A		
Campaign	c. Account Code			b. Purpose N/A		c. Account Code
cumpungn	00	01		N/A		N/A
	d. Period Begin Balanc	e				d. Period Begin Balance
	S 200.00					\$ N/A
CERTIFICATION	I I					
I certify that the Co	mmittee or Fund is in compl	iance with a	ll applicabl	le provisions	of Article 22 A 22	2B, & 22D-22M of Chapter 163 of
the NC General Stat	tutes and that no funds are co	ommingled o	with prohib	pited or other	non-disclosed fun	ds. I further certify that this report
is complete, true and	d correct and that I have been	n trained by	the NG Sta	ate Board of	Elections?	·
George Ea	rl Padgett Printed Name of Signer		11.2	nature of Appoin	at Tadgell	4-26-10
FOR OFFICE USE			- Sign	addie of Appoil	neu Freasurer	Date
Date Received:	4-26-10	Fn	nployee:	1	X	Delivery Method
	1		aprojec.			Normal Mail
Date Postmarke	ed:	En	iployee:		-	Registered Mail Hand Delivered
Date Scanned:		E	mlovos:			Electronically Filed
Date Scanned.		EII	iployee:	-		☐ Signer has not received
Date Data Enter	red:	Em	iployee:			mandatory training
Dloogs Note: m						
riease Note: Th	is form cannot be used to an	end commi	ttee inform	ation such as	s the committee add information.	dress, treasurer, assistant treasurer,
	You must amend the State					
	r on must amend me state	nem of Org	anization (1 RUL7100A	-H) to make comm	uttoo changos

Disclosure Report Cover

Amendment

☐ No Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Campaign Eckler 5± Total this Start of Election Cycle: Total this 2010 January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 200.00 2 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 757.90 757.90 6) Contributions from Individuals (CRO-1210) \$ 1979.67 \$ 979.67 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) \$ S 9) Loan Proceeds 300.00 (CRO-1410) \$ 564.03 10) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d) 3037.57 \$ 3301,60 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 202.90 266.93 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ S 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ S 16) Refunds/Reimbursements from the Committee (CRO-1320) 043.67 1043.67 17) In-Kind Contributions (CRO-1510) 999.67 999.67 \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 1846.24 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 264.03 22) Debts and Obligations owed by the Committee (CRO-1610)23) Debts and Obligations owed to the Committee (CRO-1620) \$ 24) Account Transfers Within the Committee (CRO-1720) \$ 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$

Detailed Summary

A\menfdment

Aggregated Contributions from Individuals

			Ame	ndment	-	
1	of	1		Yes	V	No

Optional form used to report NC Contributions From Individuals of \$50 or less

. Committee Fun	Name (and Fun	nd if applicable)		2. ID	Number
. Contributor Info	rmation			Section of the sectio	
Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add	001	Chal	Description	1 1	
Remove	001	Check		02/18/2010	\$ 50.00
Add	_	Check		22/12/2	
Remove Add		meac		02/18/2010	\$50.00
Remove	-	Check		05/16/2012	
Add		Ciucie		02/18/2010	\$50,00
Remove	_	Check		policione	\$50.00
Add		0		02/18/2010	30,00
Remove		Cash		02/18/2010	\$ 7.90
Add		01		02/10/2010	1, 10
Remove		Check		02/18/2010	\$ 20.00
Add		0) (
Remove		Check		02/18/2010	\$ 50.00
Add		Or I.		11	
Remove		Check		02/18/2010	\$50,00
Add		Clink		1 1	
Remove		Check		02/18/2016	\$ 25.00
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Remove		Cash		02/18/2016	\$50.00
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Add		CWM		02/18/2010	\$ 50,00
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Add				62 0000	10.00
Remove			Food	02/18/2010	\$ 10.00
Add		(1)		02/10/2010	
Remove		Check		03/20/2016	\$ 35.00
Add		7		07/20/20/0	
Remove		llash		03/29/2010	\$50.00
Add		1		1 1	
Remove		Cash		03 29 2010	\$ 50,00
Add	_	Charle			¢
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Remove Add		LACEL		04 14 2010	\$ 50,00
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Remove					\$
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Contr Use this	ibutions fro	m Individuals dividual contributions	over \$5	Ps 50 or contributions un	g /	of 2	Amendme	4
1. Comn	nittee Full Name	(and Fund if applica	able)	o or contributions un	der \$50 ii ioiiii Ci	2. ID No		
Bill Eckl	ler Campaign	ANY AND SELECTION OF THE CONTRACT OF THE CONTR					Himber	
	ributor Informatio			Add Re	emove			
	me, Mailing Address of city, state, & zip)	& Phone	No. of the last of	b. Job Title/Profession	AND ALL OF THE RESERVE OF THE PROPERTY OF THE	d. Comme	ents	
William	Parton			Retired				
	ring Mill Road			c. Employer's Name/S	Specific Field	-		
UIIIOII IVI	fils, NC 28167					a Flaction	C - to Date	
							n Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i In-	Kind Description	t Data (mm/dd/)	\$	1,000.00	
	001	Check	1. 1	Cha Descripcion	j. Date (mm/dd/y		k. Amount	
			+-		03/27/2	2010	\$	1,000.00
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2 Contri							\$	
	ibutor Informatio ne, Mailing Address &			Add Res	emove	1.0		
	city, state, & zip)	A A HOLE		D. JOB THE/TTOTESSION	ī	d. Commer	nts	
		All Control of the Co		P1	PI I I	_		
				c. Employer's Name/Sp	pecific Field	-		
						e. Election	Sum to Date	
						\$		
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(Include c	city, state, & zip)			1			ACCOUNT OF THE PARTY OF THE PAR	
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П	grace	it round raymon.	I. III AL	ma Description	j. Date (mm/dd/yy	/yy)	k. Amount	
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1,000,00

1,000.00

\$

		rom Individua		Pg	, 2 of 3	Amendment Yes No
Use thi	s form to report	individual contribution	ons over \$50 or c	contributions unc	der \$50 if form C	RO 1205 is not used
1. Con	nmittee Full Nar	me (and Fund if ann	olicable)	1.049		2. ID Number
	Bill Ect	Kler Camp	paign	Management and Less strengths of the		
J. Con	tributor imorm	lation		Add 🔲 Re	move	
	lame, Mailing Addr de city, state, & zip)			b. Job Title/Profe	ession	d. Comments
7.2	oran No			-		
1223	le Starvio			c. Employer's Na	me/Specific Field	-
		ON NC 2813	29			e. Election Sum to Date
	828 - 288 -	-8058	3 /			\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	yy) k. Amount
	00 1		fund ex	penses	2/18/10	\$ 269.00
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	tributor Inform			MANAGEMENT MANAGEMENT	move	
	ame, Mailing Addro le city, state, & zip)			b. Job Title/Profe	ssion	d. Comments
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			1	c. Employer's Nar	me/Specific Field	1
132	4 McEntil	16 Ka	1			
		NC 28139	1			e. Election Sum to Date
828	3-286-25	595				\$
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Seint annowd sense have	ributor Informa ame, Mailing Addre			Add Rer		To a
	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profes	ssion	d. Comments
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		RO-1210 Pages				\$ 1319.67
(This lin	ne must be on line 6	s of Detailed Summary Pa	ige CRO-1100)			1336.00

Cont	tributions f	rom Individua	als	Pg	18 of 3	Amendment Yes No
Use thi	is form to report	individual contribution	ons over \$50 or c	contributions und	ler \$50 if form C	RO 1205 is not used
п. Соп	nmittee Fill Nar	me (and kund if ann	alicable			2. ID Number
K	all Eck	ler Cam	paign			
200 (100 p. 100	TIS GOT THIOTIK	ALL TO THE PARTY OF THE PARTY O			move	
	Name, Mailing Addr de city, state, & zip)			b. Job Title/Profe	ession	d. Comments
		Eckler	TR	Farr	ner	
				c. Employer's Nar	me/Specific Field	
1	y lu Cio	ark Rd dton NC a	20129	Self-	Employed	e. Election Sum to Date
K	where	aton NC	78127	30.1	, ,	\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	yy) k. Amount
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	ame, Mailing Addro le city, state, & zip)			b. Job Title/Profes	ssion	d. Comments
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				c. Employer's Nan	ne/Specific Field	
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	ributor Informa				nove	
	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profes	sion	d. Comments
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4. Tota	al only this Pa	age				\$ 104367
		RO-1210 Pages				\$ 1197967
(This lin	ie must be on line 6	of Detailed Summary Pa	ige CRO-1100)		010	° 1845.01

Amendment

	W 7.	. ~		22
In-	Kin	d ('n	ntrih	utions

Ame	ndment		/
· 2 П	Yes		No
he committee or	fund.	ш.	

1. Committee Full Name (and Fund if applicable)			2. ID	Number
Bill Eckler Campaign				
10000000				
	Remove			
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Con	nments
(include city, state, & zip)	Ind	ividual		
Zoran and Jennifer Naskov	Car	ndidate		
516 Starview Drive	Par	ty		
Rutherfordton, NC 28139	☐ PA	С		
828-288-8058	Ref	erendum	d. Elec	ction Sum to Date
	Oth	er Receipt Source		260.00
			\$	269.00
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Fundraiser expenses		02/18/2010	0	\$ 269.00
				\$
				\$
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone	b. Type of 0	Contributor	c. Con	nments
(include city, state, & zip)	Ind	ividual		
Heather Hutchinson	Car	didate		
1324 McEntire Road	Par	ly		
Rutherfordton, NC 28139	☐ PAG	2		
828-286-2595	☐ Ref	erendum	d. Elec	ction Sum to Date
Statement Sections Sections Section 1	Oth	er Receipt Source		
			\$	67.00
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
Fundraiser door prize and food		02/18/2010	1	\$ 67.00
		02/16/2010	,	\$ 07.00
				\$
				\$
3. Contributor Information	Remove			
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Con	nments
(include city, state, & zip)	Ind	vidual		
Christina Greene	Can	didate	İ	
1369 Moss Road	Part	y		
Rutherfordton, NC 28139	PAG	3		
828-288-7121	Ref	erendum	d. Elec	ction Sum to Date
	Oth	er Receipt Source	\$	10.00
e. Description	**************************************	f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
Food for fundraiser		02/18/2010)	\$ 10.00
				\$
				\$
4. Total only this Page			\$	346.00
5. Total of ALL CRO-1510 Pages			ø	000 -
(This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	999.67

In U

I. I. 10 4 9 4					Amen	dment		
In-Kind Contributions	Pg	2	of	3		Yes	\boxtimes	No
Use this form to report non-monetary contributions, donations, goods or se	rvices pr	rovided	to the	commit	ee or fi	and.		
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7	days.							

1. Committee Full Name (and Fund if applicable)			2. ID	Number
Bill Eckler Campaign				
20.47.46				
	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of C	ontributor vidual	c. Con	nments
Kassie Wilson		didate		
431 Jack McKinney Road	Part			
Forest City, NC 28043	PAC			
828-248-3535		erendum	d. Ele	ction Sum to Date
		er Receipt Source		
			\$	10.00
c. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
food for fundraiser		02/18/2010)	\$ 10.00
				\$
				\$
3. Contributor Information Add F	Remove			
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Cor	nments
(include city, state, & zip)		vidual	ti con	ments
	1 =	didate		
	Part	y		
	PAC			
	Refe	erendum	d. Elec	ction Sum to Date
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4. Total only this Page			\$	10.00
5. Total of ALL CRO-1510 Pages				
(This line must be on line 17 of Detailed Summary Page CRO-1100)			\$/	356.00 999.67

In-Kind Contributions

Pg	3	of 3	Amendment	□ No
Pg		of	Yes	No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	ided within 7 da	ys. Mare and the particle	2. ID Number
Bill Eckler Campaign			Z. ID Million
3. Contributor Information	Add Re	move	
a. Full Name, Mailing Address & Phone	b. Type of Contri		c. Comments
(include city, state, & zip)	Individual		C Comments
William E. Eckler JR	Candidate		
Clark Pal	Party		
1696 Clark RC	PAC Referendum		d. Election Sum to Date
1696 Clark Rd Rutherfordton NC 28139	Other Receipt	t Source	News Control of the C
			\$
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
Bought Signs w/ Credit	card	4.9-10	\$ 643,67
,			\$
			\$
3. Contributor Information	THE RESIDENCE OF STREET	nove	
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments
(include city, state, & zip)	Individual Candidate		
	Candidate Party		
	PAC		
	Referendum	Ì	d. Election Sum to Date
	Other Receipt		\$
e. Description		f. Date (mm/dd/yyy	
			\$
			\$
			\$
	Add 🔲 Ren	nove	
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments
(include city, state, & zip)	Individual Candidate Party		
	PAC	1	
	Referendum Other Receipt		d. Election Sum to Date
e. Description		f. Date (mm/dd/yyyy	y) g. Fair Market Amount
			\$
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Disbursen	nents				D.	of	- 1	Amendment	٦
	report expenditures	from the commit	tee for a	nerating ex	Pg nenses	contribut	L ione to	_ LY Yes L	No
committees and	coordinated party e	xpenditures		sperung ex	penses	, contitut	ions to	candidate/point	zai
1. Committee I	Full Name (and Fur	d if applicable)		on the		Verno de la composition	2	. ID Number	
		mpaiga	,						<u> </u>
3. Type of Dish		e use separate Cl	RO-131	forms for	each t	pe of Dish	oursen	ient.)	
Operating Exp	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ntributions to Candid	ates/Politi	cal Committee	s	Coo	rdinated	l Party Expenditures	
4. Payee Inform				Add	Rem				100
1 cm - 1	failing Address & Pl	none		b. Coordinat	ted Con	ımittee Nam	e d	. Comments	
(include city, state	, & zip)	10		-					
Throng	nith Grov	ept>		c. Level Regi	istered	(Specify)	-		
77/2 Sn	with Grax	e Rd.		☐ Federal		County:			
000 JU	aller Cho.			☐ State	[Municipa	ılity: e.	Election Sum to Da	ite
	City NC 2	8043						\$ 102.90)
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	ount	k. Req	uired Remarks	
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	ing Address & Phone			b. Coordinat	ed Com	mittee Name	d.	Comments	
(include city, sta					_				
Botal	ROSS 4-+	+ Club			VATORES				
Betsy BOSS 4-H Club c. Level Registered (Specify)									
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								\$ 100.00	
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(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						, 5	710	0.0	
	line 13c of Detailed Sun	1						202.	10

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media B* - Printing

E - Salaries F* - Equipment C* - Fundraising G - Political Party

D - To Another Candidate

I - Postage J - Penalties O* Other

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

* Codes require detailed explanation in required remarks field (k)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Use this form to rep	nbursements From ort refunds/reimbursements, i	including contri	l ittee Pg ibutions retur	ned to the contrib	 outor	Yes No
1. Committee Full	Name (and Fund if applical	ble)				D Number
BIN ECK	ler Campai	ign				
3. Payee Information	on		dd 🔲 Re	move		
a. Full Name, Mailing A		d.	Type of Comm	ittee	h. O	Priginal Receipt Date
(include city, state, &			Candidate	PAC		
William	E. Eckler Je	_	Referendum	Party	_	4-9-10
La Clan	KRd dtn NC 28130	e. ,	Level Registere Federal	cd County:	i. Or	riginal Receipt Amount
1646 (100	11/2013		State	Municipality:	\$	1043.107
Rutherfa	den Masis	7 f. i	f. Purpose Code			ection Sum to Date
N 3671 70 6650 (6			6		\$	
b. Job Title/Profession	La E-malayanta Nama (C-	'0" T' 11	V			
~	c. Employer's Name/Sp	ecific Field g. (Comments		k. A	ccount Code
rainer	Self					/
	m. Required Remarks			n. Date (mm/dd/yyy	yy)	o. Amount
Check	to bay for ite	ems on C	10	4-9-10		\$643.67
3. Payee Informatio		☐ Ac		move		
a. Full Name, Mailing A	ddress & Phone	- ACRES (100 AND 100 A	Type of Commi		h. O	riginal Receipt Date
(include city, state, &	zip)		Candidate	☐ PAC		
			Referendum	Party		
		-	Level Registered		i. Or	iginal Receipt Amount
		-	Federal County:		\$	
		f P	State Purpose Code	Municipality:		d' C to Date
			urpose Code		N	ection Sum to Date
					\$	
b. Job Title/Profession	c. Employer's Name/Spo	ecific Field g. (Comments		k. Ac	ccount Code
						200000000000000000000000000000000000000
I. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyy	(v)	o. Amount
	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,	\$
3. Payee Informatio	n de de la companya	☐ Ad	ld Rer	nove		
a. Full Name, Mailing A			Type of Commi	Agenta de la financia de la constitución de la cons	h Oı	riginal Receipt Date
(include city, state, &		ü		☐ PAC	II. O.	nginai Receipt Date
			Referendum	Party		
		e. I.	Level Registered	:1	i. Or	iginal Receipt Amount
			Federal	County:	\$	
			State	Municipality:		
		<u>f. P</u>	Purpose Code		j. Ele	ection Sum to Date
					\$	
b. Job Title/Profession	c. Employer's Name/Spe	ecific Field g. C	Comments		k. Ac	count Code
. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyy		- Amount
A Or in or a Ly mem	an Required Remarks			n. Date (ninvuoty)	y)	o. Amount
4. Total only this Pa			(B) (E) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		\$	Ф
5. Total of ALL CRO-1320 Pages						
(This line must be on line 16 of Detailed Summary Page CRO-1100)						643.67
6. Purpose Codes (L	ist detailed disbursement cod	de in (f) above)		The same of		
L - Returned to Cor P* - Reimburseme		payment for Serv	vice	N - Exceed	ded (Contribution Limit
	etailed explanation in requi		ald (m)			

Loan Proceeds Use this form to report proceeds from a loan and loan	n endorse	er's informat	ion	<u> </u>	of _		Amendment Yes	□ No
A loan proceeds statement must accompany each loar 1. Committee Full Name (and Fund if applicable)	that is	from an indi	vidual	100 (100)		[2] T	ID Number	
Bill Eckler Campaig	\sim	ISha Wazilaa				2. 1	ID Number	
3. Lender Information	<i>Y</i>)	Add	Remo	- 10		1111536		5010000 Sept. (F)
a. Full Name, Mailing Address & Phone	⊔	b. Job Title/P		THE RESIDENCE		Li C	\	
(include city state & zin)		0. 300 11071	Totessio	n		a. C	Comments	
William E Eckler JR 1496 Clark Rd Rutherfordton NC 28/39	•	Fa c. Employer's	rme/s		hlaif	e. St	tart Date (mm.	
1696 Clark KU			_	oper	i circi		3-4-	1997
Rutherfordton NC28159		Sel	l+			f. Er	nd Date (mm/d H-17-2	
g. Rate h. Security Pledged	i. Accou	nt Code	j. Form	of Paym	ent		k. Amount	Accessed to the second
D% 0		1					\$ 3a	0.00
I. Full Name of Lending Institution						m. L	Loan Number	
Self								
4. Endorsers/Makers (The people who guarantee the loa	n.)	Marie III			773			
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofessio	n	c. F	Employer's Name/Specific Field		
(include city, state, & zip)								have the state of
		d. Percentage	a .		e. A	moun	nf	
		ui i ci ceaning.		ć	% \$	IIIIvu		
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofessio	n	c. E	mplo	yer's Name/Sp	ecific Field
(include city, state, & zip)								
		d. Percentage			e. A	moun	nt	
				(% \$			
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofessio	n	c. F	mplo	yer's Name/Sp	ecific Field
(include city, state, & zip)								
		d. Percentage			e. A	moun	nt	
					% \$			
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofessio	n	c. E	mplo	yer's Name/Sp	ecific Field
(include city, state, & zip)								
		d. Percentage	;		e. A	moun	nt	
				Ģ	% \$			
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1	100)					\$	300	0.00

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

•	Name of committee to receive loan: Bill Eckler Campaign
•	Person lending money to committee (Lender): Bill Eckler
•	Date of loan to committee: 3-4-10
•	Name of lending institution and account number (source): \mathcal{SUF}
•	Amount of loan: 300.99
•	Names of all parties responsible for payment of loan (guarantors):
•	Period of loan: 12 mo. Rate of interest of loan: 2 Security pledged for loan: 4
•	Decurity prediged for loan.
	, acknowledge that all of the information (Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
Y	
Ś	gnature of Lender
	gnature of Treasurer of Committee
Si	gnature of Treasurer of Committee

disclosed.

This form must be submitted with the disclosure report for which the loan is initially

Outstanding Loans

		1	Amendmen	t
Pg	 of		☐ Yes	⊠ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committ	ee Full Name (and Fund if applicable)		2. ID Number
B11	Eckler Campaign		
J. Denuci 1			
	Mailing Address & Phone	b. Job Title/Profession	d. Comments
	r, state, & zip)	Farmer	02-08-2010
1696	n E. Eckler, Jr. Clark Road	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
Ruther	Ford For NC 28139	Self	07-08-2010 f. End Date (mm/dd/yyyy)
828.	287-8724		04-17-2010
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
() %		\$ 264.03	\$ 264.03
k. Full Name o	of Lending Institution		l. Loan Number
3. Lender I		Add Remove	
	Mailing Address & Phone	b. Job Title/Profession	d. Comments
6.0	, state, & zip)	_	
Selt			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name o	of Lending Institution		l. Loan Number
3. Lender I	nformation	Add Remove	第一人的制度的心态等 ,
Haran an arms with	Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city	, state, & zip)	-	
			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name o	f Lending Institution	l. Loan Number	
	nly this Page	\$ 264.03	
	f ALL CRO-1430 Pages ust be on line 21 of Detailed Summary Page CRO-1100)	\$ 264.03 \$ 264.03	